

**Sisters School District #6**  
**525 E. Cascade Avenue**  
**Sisters, OR 97759**  
**(541) 549-8521**

**CHILD ABUSE REPORT FORM PHONE: 541 693-2854 or FAX 541 693-8999**

This does not constitute a complete report. AS A MANDATED REPORTER, YOU ARE REQUIRED TO NOTIFY, BY TELEPHONE OR IN PERSON, THE CHILD WELFARE PROGRAM (CWP) AND/OR LAW ENFORCEMENT (LE) IMMEDIATELY (ORS 419.B.010). Please complete all sections that are known to you. If information is not known, please indicate "unknown". Notification of parent(s) is the responsibility of Law Enforcement (LE) or the Child Welfare Program (CWP).

The following is the information you will need when making a verbal report:

<p>Today's Date: _____</p> <p style="text-align: center;"><b>***Do not file this report in child's school records.***</b></p> <p>Reporter's Name: _____</p> <p>School Name: _____</p> <p>School Address: _____</p> <p>School Phone: _____</p> <p><u>School District Personnel Notified and form sent to:</u></p> <p>Administrator: _____</p> <p>School Resource Officer: _____</p> <p>District Office: _____</p> <p>Other: _____</p> <p><u>Alleged perpetrator(s) Name</u></p> <p>(last, first, middle): _____</p> <p>Address, if known: _____</p> <p>Location and Dates of Occurrence(s):</p> <p>_____</p> <p>_____</p> <p><u>Brief description of incident and/or concern. You must call CWP and/or LE with details of concern.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Date and Time of Call to:</u>    <u>File #</u> _____</p> <p>[ ] CWP _____</p> <p>[ ] LE _____</p> <p>Person talked to: _____</p> <p><u>Child's Name:</u></p> <p>(last, first, middle) _____</p> <p><u>Child's Address:</u> _____</p> <p>_____</p> <p><u>Parent's/Guardian's Name:</u></p> <p>(last, first) _____</p> <p><u>Parent's Address:</u> _____</p> <p>_____</p> <p><u>Parent's Phone #:</u> _____</p> <p><u>Child's School:</u> _____</p> <p><u>Child's DOB:</u> _____    Sex : [ ] F [ ] M</p> <p><u>Siblings(s) / Other children at home:</u> [ ] yes [ ] no</p> <p>If yes:</p> <p>Name _____ DOB _____</p> <p>Name _____ DOB _____</p> <p>Name _____ DOB _____</p> <p><u>List additional victims/witnesses or others present during disclosure of when behavior/condition was observed:</u></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>
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